

APPLICATION DATA SHEET

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title :: POLYMALIC ACID-BASED MULTI-FUNCTIONAL DRUG DELIVERY SYSTEM

Attorney Docket Number:: 67789-586

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: Yes

Petition included?:

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?:

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Julia
Middle Name::	Y.
Family Name::	Ljubimova
Name Suffix::	
City of Residence::	Studio City
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	11419 Dona Pegita Drive
City of mailing address::	Studio City
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	91604

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Keith
Middle Name::	L.
Family Name::	Black
Name Suffix::	
City of Residence::	Los Angeles
State or Province of Residence::	CA

Country of Residence:: US
Street of mailing address:: 1233 Roberto Lane
City of mailing address:: Los Angeles
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90077

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Eggehard
Middle Name::
Family Name:: Holler
Name Suffix::
City of Residence:: Regensburg
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Universitat regensburg
City of mailing address:: Regensburg
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 93040

Correspondence Information

Correspondence Customer Number:: **50670**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 213-633-6869

Fax Number: 213-633-6899

E-Mail address:: sethlevy@dwt.com

Representative Information

Representative Customer Number::		50670
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/040660	12/03/2004
PCT/US2004/040660	An application claiming the benefit under 35 USC 119(e)	60/527,330	12/05/2003

Assignee Information

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	90048

Assignee Information

Assignee name::	Arrogene, Inc.
Street of mailing address::	8631 West Third Street, Suite 800E
City of mailing address::	Los Angeles
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	90048